

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000047025

**Entity Name:** PROTACT PROFESSIONAL SALES, LLC

**Current Principal Place of Business:**

733 NW 39TH AVE.  
CAPE CORAL, FL 33993

**Current Mailing Address:**

P.O. BOX 152653  
CAPE CORAL, FL 33915

**FEI Number:** 45-2850778

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GERACI, FRANCIS  
733 NW 39TH AVE.  
CAPE CORAL, FL 33993 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name GERACI, FRANCIS  
Address 733 NW 39TH AVE.  
City-State-Zip: CAPE CORAL FL 33993

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANCIS GERACI

**SOLE MBR**

**03/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date